



RETIREMENT PLAN SERVICES

# Withdrawal - Death

## Important information about this form

- The plan may require you to provide supporting documents or additional information before the request can be processed.
- As the beneficiary, you complete Sections 1 - 6 of this form and return it to the Plan Representative.
- In the case where there are multiple beneficiaries, each beneficiary must complete Sections 1 - 6 of this form. All forms must be submitted to John Hancock Retirement Plan Services at the same time for processing.
- As the Plan Representative, you review Sections 1 - 6, and complete Sections 7 - 9 of this form.
- A 1099R form will be issued for each distribution and loan default (if applicable) by January 31 of the following year.

Any changes must be initialed in pen (including numbers crossed out or changed using correction fluid).

No changes can be made in **Sections 1, 6 and 9**. Any changes to these sections will require a new form to be completed.

## 1 General Information

<b>The Trustee of</b>	<b>Plan (the "Plan")</b>
Contractholder Name _____	Contract Number _____
Participant Name as displayed on your Social Security Card (Last name, First Name, Initial) _____	Date of Birth _____ Month Day Year
Participant Social Security Number (Full SSN Required) _____	
Beneficiary Name as displayed on your Social Security Card (Last Name, First Name, Initial) /Estate/Trust/Charity Name _____	Beneficiary Social Security Number (Full SSN Required)/ Estate/Trust/Charity TIN _____
Beneficiary/Estate/Trust/Charity Address - Street Address, City, State, Zip Code, Country _____	Date of Birth _____ Month Day Year

## 2 What is the reason for your withdrawal?

- DE** - Death - spousal beneficiary       **DE** - Death - non-spousal beneficiary       **DE** - Estate/Trust/Charity Payee

### For a Beneficiary Payee

Federal law requires that 20% of the taxable amount of an eligible rollover distribution be withheld, unless payment is directly rolled over to an eligible retirement plan. The amount withheld may not represent your entire tax bill. The above mandatory tax withholding requirements do not apply if the eligible rollover distribution is being rolled over to a Roth IRA. The rollover will be reported to the IRS and you are responsible for the payment of the income tax(es) that apply in connection with the rollover. Please refer to the Special Tax Notice provided by your Plan Administrator regarding these tax rules. Contact your tax advisor or Plan Administrator if you have any questions.

### For Estate, Trust or Charity Payee

The withdrawal, if more than \$200.00, is taxable and is subject to Federal income tax withholding at the rate of 10%. If you do not want any Federal tax withheld from the withdrawal, check the applicable box in section 4C. No State tax will be withheld. Even if you elect not to have Federal income tax withheld, the Estate/Trust/Charity is liable for payment of Federal income tax on the taxable portion of the withdrawal. You also may be subject to tax penalties under the estimated tax payment rules if the payments of estimated tax and withholding, if any, are not adequate. To request a higher tax rate, specify a whole number above 10%. (refer to DOL Field Assistance Bulletin 2004-02 for details)

## 3 How much do you want to withdraw?

### For TOTAL withdrawals, proceed to Section 4.

A TOTAL withdrawal will be processed unless the section below is completed.

### Withdraw only a portion of the funds in the plan as follows:

Tell us how much to withdraw from each eligible money type. Completing the Investment Fund Code is not mandatory. If the Investment Fund Code is left blank, John Hancock Retirement Plan Services' standard withdrawal order will be used.

The amount below will be withdrawn as a gross withdrawal before income tax withholding.

Amount	Money Type (Mandatory)	Investment Fund Code (Optional)
\$		
\$		
\$		

For multiple beneficiaries, check here  and complete a form for each beneficiary.

Indicate percent of account to be paid to the beneficiary listed above, if there are multiple beneficiaries \_\_\_\_\_ %

**4 What do you want to do with your money? - Complete either option A, B OR C**

**A -  Direct Rollover to John Hancock Mutual Fund IRA/Inherited IRA**

(minimum \$1,000 balance required)

**OR**

**Direct Rollover to John Hancock Annuities**

(minimum \$25,000 balance required)

**OR**

**Other Individual Retirement Account (IRA/Inherited IRA)**

Financial Institution Name \_\_\_\_\_

Financial Institution Address - Street, City, State, Zip Code, Country \_\_\_\_\_

Your funds will be automatically transferred by wire. Do not complete Section 5. You must complete IRA/Inherited IRA account number details below.

Options - Check one option only and provide IRA/Inherited IRA Account Number	<input checked="" type="checkbox"/>	IRA/Inherited IRA Account Number
1. All funds to my Traditional IRA/Inherited IRA Account (applicable only if your distribution contains only non-Roth funds).		
2. All funds to my Roth IRA/Inherited IRA (both Roth and non-Roth funds as applicable)		
3. Split of: (provide both account numbers) My non-Roth funds to my Traditional IRA/Inherited IRA <b>AND</b> My Roth funds to my Roth IRA/Inherited IRA		

**B -  Direct Rollover to Employer Sponsored Qualified Plan**

**The Trustee of**

Plan Name \_\_\_\_\_

Plan Account Number \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Address - Street, City, State, Zip Code, Country \_\_\_\_\_

**C -  Payment directly to Beneficiary/Estate/Trust/Charity - All applicable taxes will be withheld**

**Federal Tax**

**For a Beneficiary Payee**

The distribution is subject to 20% mandatory minimum federal tax withholding for a U.S. person (including a U.S. resident alien).

To request a higher tax rate, specify a whole number above 20%. \_\_\_\_\_ %  
(refer to DOL Field Assistance Bulletin 2004-02 for details)

**OR**  I am not a U.S. person nor a U.S. resident alien. Unless I have attached a completed IRS Form W-8BEN, withholding federal tax of 30% will apply.

**For an Estate/Trust/Charity Payee**

The distribution is subject to 10% federal tax withholding payable by the estate/trust/charity payee.

To request a higher tax rate, specify a whole number above 10%. \_\_\_\_\_ %  
(refer to DOL Field Assistance Bulletin 2004-02 for details)

I do not want to have Federal income tax withheld from my withdrawal. No state tax will be withheld.

**State Tax Withholding Instructions**

State of Residence \_\_\_\_\_ Enter state of residence at time of withdrawal if state tax withholding should be taken for a state other than the state provided to us.

State of Residence	Options for State Tax Withholding
AR, DC, DE, IA, KS, MA, MD <sup>1</sup> , ME, NC, NE, OK, VA, VT	You may not opt out. Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the states' applicable minimum requirements.
MI	State tax withholding will be applied to your taxable distribution unless one of the following boxes is checked below: <input type="checkbox"/> I elect to opt out of withholding <input type="checkbox"/> I am eligible to claim exemption of \$ _____ ; withhold tax only on the taxable distributed amount that is in excess of the exempt amount. If you check one of the boxes above, you are required to return a completed Form MI W-4P to your Plan Administrator. Ensure that the election made above is consistent with the election made on your completed Form MI W-4P.
CA, OR	You may opt out of the mandatory state withholding by checking here. <input type="checkbox"/>
AL, CO, CT, GA, ID, IL, IN, KY, LA, MD <sup>2</sup> , MN, MO, MT, ND, NJ, NM, NY, OH, SC, UT, WV, WI	You may elect voluntary state income tax withholding by providing a percentage or whole dollar amount to be applied for state tax withholding here. _____ % or \$ _____

<sup>1</sup> For distributions eligible for rollover

<sup>2</sup> For distributions not eligible for rollover

## 5 How would you like the funds to be sent?

Unless Electronic Fund Transfer information is provided below, a check will be issued and mailed using the standing mailing instructions on file with John Hancock Retirement Plan Services, as established by the Plan Trustee.

- For Check, allow 7-10 business days for regular mail delivery.
- For Direct Deposit, allow 2-3 business days.
- For Wire, allow 1-2 business days.

**Electronic Fund Transfer Details** - Mandatory for distribution amounts over \$50,000.

- Direct Deposit - If this is a payment directly to me,  
my personal bank account is  Checking **OR**  Savings

**OR**

- Wire - Verify with receiving bank if they accept wires and/or charge a fee.

**Provide Domestic Bank details below.**

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank ABA/Routing (9 digits)

\_\_\_\_\_  
Bank Account No.

- For International banks, complete and attach the *International Banking Instructions* form.

## 6 Beneficiary/Estate/Trust/Charity Signature

For beneficiaries under a contract issued by John Hancock Life Insurance Company of New York, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation. For all other states, civil penalties may apply.

Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens).

**Under penalties of perjury, I certify that:**

- 1. The number shown below is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).**

**Certification Instructions**

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

- I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Please note that, by signing this form, you declare that you make the above certifications under penalties of perjury.

Under penalties of perjury, I certify the above statements.

\_\_\_\_\_  
Signature of Beneficiary/Executor of the Estate/Trust/Charity

\_\_\_\_\_  
Name - please print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Beneficiary Social Security Number (Full SSN Required)/  
Estate/Trust/Charity TIN

Section 7, 8 and 9 to be completed by Plan Representative.

## 7 Withdrawal Details

### Has the final contribution been submitted for this participant?

If the final payroll for this participant has not been submitted to John Hancock Retirement Plan Services, provide the final payroll ending date.

Month Day Year

If a date is provided, John Hancock Retirement Plan Services will coordinate processing of this distribution with receipt of the final payroll to avoid additional contributions payouts that often remain uncashed.

Date of Death\*  \* May be required by the plan administrator.

Month Day Year

John Hancock Retirement Plan Services does not require the date of death to process this request.

### Is the participant withdrawing In-Plan Roth Rollover (IRR) assets?

For a total withdrawal, we will report the original rollover amount processed as the amount allocable to IRR assets.

For a partial withdrawal, provide the amount allocable to IRR assets. \$ \_\_\_\_\_

Note: All Roth assets held by the participant would need to be taken into consideration when calculating the amount allocable to the IRR. If left blank, we will report the amount requested as being first allocable to the IRR assets.

It is important that information on the allocable amount be provided to John Hancock Retirement Plan Services if this allocation order is not consistent with the terms of your Plan.

### IRS Distribution Code

If a loan is active at time of distribution, we will apply distribution code 4 to report the loan offset.

Code B will be included if the distribution includes Designated Roth contributions and the combination is valid.

A separate 1099R will be issued to the Estate of the participant for the loan offset.

Estate Address - Street Address, City, State, Zip Code, Country Estate TIN

### Vesting percentage(s)

\_\_\_\_\_ % for ALL Employer money types

OR

Vesting varies by money type as indicated below

Table with 3 columns: Money Type, Other ER Money, and %. Rows include ER Match and Profit Sharing.

### Employer Unvested Money

If no box is selected, plan information will be applied as previously provided to John Hancock Retirement Plan Services.

If no plan information has been provided and no box is selected below, any unvested money will remain in the Participant's account with current investment instructions.

- Transfer to Cash Account, Refund to Plan Trustee, Pay outstanding John Hancock Retirement Plan Services Charges, Leave in Participant account and transfer to default fund

## 8 Third Party Administrator (TPA) Withdrawal Fee

\$ Flat Fee Amount OR % Percentage of Invested Balance

John Hancock Retirement Plan Services is not responsible for any uncollected fee amounts as a result of insufficient funds. These shortages will be reported on the transaction and summary confirmations.

No Fee will be applied if this section is not completed.

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## 9 Trustee/Authorized Signer Signature

If the beneficiary fails to sign Section 6 - Beneficiary Signature (page 3 of this form) the Trustee/Authorized Signer below certifies, under penalties of perjury, that based on the plan sponsor's record, (i) the name shown on this form is the legal name of the beneficiary; (ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the beneficiary; and, (iii) the beneficiary is a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 4 C.

I acknowledge that John Hancock Retirement Plan Services will rely on this certification in determining the tax withholding and reporting requirements applicable to the requested distribution and agree to hold John Hancock Retirement Plan Services harmless for any errors made in reliance upon this certification.

I certify that all the above information is complete and correct, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Sec. 4975. I also certify that all necessary and applicable information required to be furnished to the Beneficiary and an explanation of the direct rollover option and related tax rules required by IRC Sec. 402 have been provided. I also certify that, if applicable, the Withholding Certificate for Michigan Pension or Annuity Payments (Form MI W-4P) has been properly obtained, completed in accordance with

Michigan law, and that any amount exempt from state tax withholding described above accurately reflects such Withholding Certificate submitted by the Participant/Beneficiary.

I hereby direct John Hancock Retirement Plan Services to pay to the Third Party Administrator currently on record the above referenced fee (if applicable). I understand that this fee will be deducted from the participant's account balance at the time of the distribution using standard withdrawal protocol, and will be held in the general business account of John Hancock Retirement Plan Services until paid to the Third Party Administrator.

I hereby represent that this fee is in accordance with the fee schedule that has been approved by the plan's trustee or named fiduciary as reasonable and authorized under the terms of the plan.

On behalf of the Plan sponsor, the Plan and its related trust, and the Plan Trustee or named Fiduciary, I further agree to indemnify and hold harmless John Hancock Retirement Plan Services, its employees, agents, directors, and officers from any liability, penalties, and taxes that may be incurred as a result of the requested distribution giving rise to one or more prohibited transactions or for implementing requests (including, if applicable, a direct rollover request) based solely on the instructions provided on this form, or if any of the certifications provided on this form are incorrect.

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Signature of Trustee/Authorized Signer

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Name - please print

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Date